



Health Cluster Update, June 2016

HEALTH CLUSTER PARTNERS



80 Active Health Cluster Partners
Targeted Population - 1.87 million

HEALTH FACILITIES

385 Health Centres
78 Hospitals/Referral Health Centres
65% of HFs not Properly Functioning



HEALTH ACTION



1.5 Million Consultations*

NO. OF PEOPLE VACCINATED AGAINST



1 110 253 Polio Vaccinations**

FUNDING

25% Funded
\$71 Million Requested
\$53.25 Million Funding Gap



HIGHLIGHTS

- In June 2016, health cluster partners delivered primary and secondary health care services to 1.5 million people including women, children and Internally Displaced Persons.
- The most common causes of illness in June included malaria, anemia, suspected whooping cough, skin disease, Urinary Tract Infection, Upper Respiratory Tract Infection, eye diseases/infections, Acute Watery Diarrhea and suspected measles.
- Cases of Acute Watery Diarrhoea (AWD) are still being reported in Beletawo district. During the reporting period, 465 cases and three deaths were reported. 249 cases were children below 5 years and 205 were females.
- WHO, UNICEF, Qatar Charity and the Federal Ministry of Health airlifted various emergency medical supplies to Hiran region for the AWD/Cholera outbreak response.
- The Water and Vector-Borne Diseases Working Group was formed in June. Its goal is to strengthen the capacity of humanitarian actors in prevention, reduction and timely response to water and vector-borne disease outbreaks.

* cumulative

**since beginning of 2016

Background to the Somalia Crisis

The health sector in Somalia is still in a critical situation with one of the worst health indicators in the world. With a total population of 12.3 million people, of whom 1.1 million are internally displaced. Only 42 percent of children below five years receive Pentavalent vaccination while 46 percent receive Measles vaccination. The under-five mortality is 137 per 1000 live births, maternal mortality ratio stands at 732 per 100 000 live births. Somalia is also one of the Acute Watery Diarrhoea/Cholera-endemic countries in the World. Effective coordination of health interventions and timely information sharing are fundamental to enhance provision of emergency health services. The Health Cluster is coordinating the humanitarian health response of over 80 partners in Somalia. Regular meetings, continuous, updates on health status, needs assessments and response to service provision gaps are some of the activities of the cluster. Inter-cluster coordination is active and promotes collaboration with other clusters particularly WASH , Nutrition and Emergency Shelter. In 2015, a population of over 2.3 million people received health care from health cluster partners at community, primary and secondary health care levels.

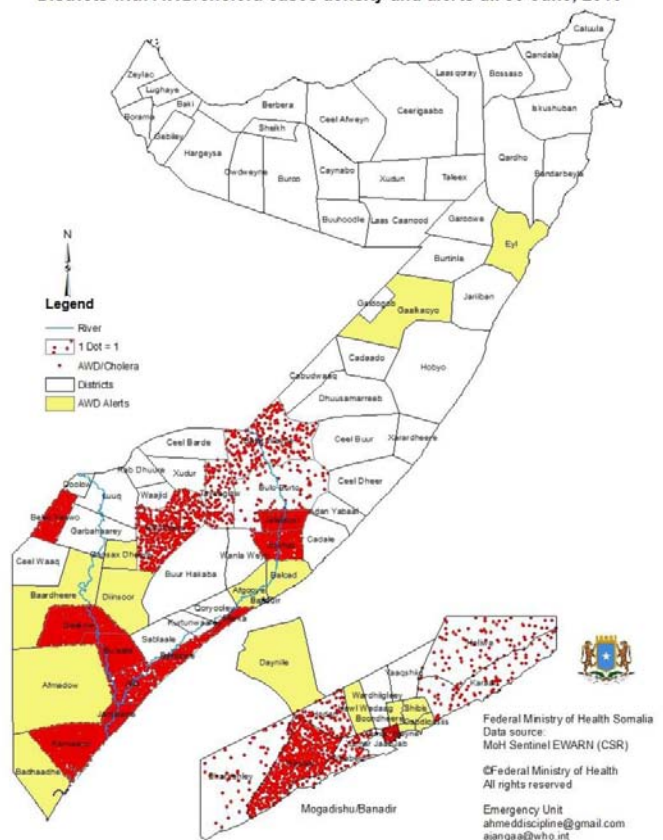
AWD/Cholera Response Updates

During the reporting period, partners conducted various activities in response to the AWD/Cholera outbreak.

Troicare received AWD/Cholera supplies (including aqua tabs and oral rehydration solution) from the Federal Ministry of Health (MoH) and WHO. Three Cholera Treatment Centres (CTCs) were established in Belethawa, Luuq and Dollow district hospitals. Troicare also set up Oral Rehydration Points at each Troicare- supported health facility in Gedo Region. District Health Boards staff and Community Volunteers were also trained on cholera prevention and referral.

In June, 465 cases and 3 deaths were reported in Belethawa district. 249 of the cases were children below 5 years while 205 were females. Six of the stool samples that were collected tested positive for cholera serotype *inaba*. Health cluster partners scaled up their response after receiving supplies from UNICEF and WHO.

Districts with AWD/cholera cases density and alerts till 30-June, 2016



...from p.2 **AWD/Cholera Response Updates**

Response efforts of Health and WASH cluster partners have greatly contributed to the reduction of AWD/Cholera cases in most of the affected districts. This is proven by the closure of The Kismayo general hospital Cholera Treatment Centre by the hospital committee as a result of reduced AWD cases in affected areas.

However, in June, there was an increase in AWD cases in Beletweyne and Bulaburde districts. As of 30 June, 491 cases and 22 deaths were reported from both districts. 49 percent of all the cases were children under five years. Beletweyne district accounted for 79 percent of the cases. Nine out of the 13 stool samples collected from both districts tested positive for cholera.

Troicare conducted community sensitization in villages within Gedo Region. Five mobile response teams were deployed to work with community volunteers to detect cholera cases in remote areas. Troicare also provided medical supplies to CTCs and Health Centres and positioned AWD supplies in Dolow and Luuq district hospitals.

Somali Aid reported 72 AWD cases in Kismayo and Bhadamhe districts during the reporting period. 48 health and hygiene promotion sessions were held in five health facilities in the two districts.

In Dollow district, World Vision, the Federal Ministry of Health and other health partners established a Cholera Treatment Centre which began admitting patients on 16th June. Due to shortage of staff at the CTC, World Vision deployed two temporary medical personnel to manage the AWD cases.

Health Cluster partners visited Beletweyne to assess the outbreak situation as well as impact of recent floods on health services.

WHO, UNICEF, Qatar Charity and the Federal Ministry of Health airlifted various emergency medical supplies to Hiran region as part of the AWD/Cholera outbreak response.

HIDIG conducted routine screening and referral services to AWD/Cholera-affected people through the Koshin and Hilac Mother and Child Health Centres in Baletweyne district. HIDIG also conducted community sensitization sessions to encourage communities to use available health services in Mother and Child Health Centres in the district.



A Health worker attends to patients at a HIDIG-supported health facility. Photo by HIDIG

Malaria

Somali Aid facilitated community dialogue meetings and malaria awareness sessions in Kismayu and Badhadhe districts. There is low immunization coverage in Juba region. 150 mothers were provided with basic obstetric care in five health facilities from Badhadhe and Kismayu districts. 42 health staff were trained on treatment, immunization, clinical management of child illnesses, disease surveillance and rapid response while 60 Community Health Workers were trained on management of common illnesses and prevention of diseases.

Somali Aid health facilities in Kismayo and Bhadamhe districts reported 36 cases of confirmed malaria. 135 Long Lasting Insecticidal Nets were distributed to beneficiaries

Other Basic Health Care Interventions

By 30 June 2016, Health Cluster partners had delivered primary and secondary health care services to 1.5 million people including women, children and IDPs. This corresponds to 80 percent of the Somalia Health Cluster target of 1.87 million for 2016.

The Organization for Somalis Protection and Development (OSPAD) rolled out a three month UNICEF-funded Emergency Intervention Support project on basic health care in Lafoole and Garasbaley districts.

In Banadir, Lower Shabelle and Galgaduud regions, OSPAD conducted Primary Health Care and Behavioral Change Communication outreach activities on HIV/AIDS with funding from UNICEF. Maternity waiting homes for pregnant women were also provided in lower Shabelle.

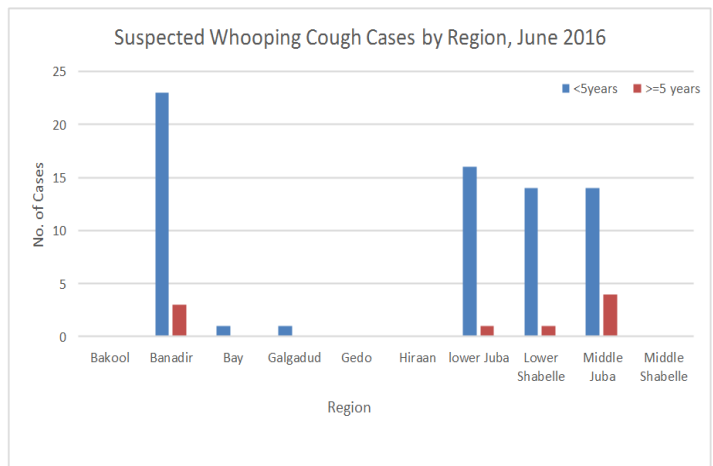
Somali Aid reached 4 649 beneficiaries through out-patient services in Juba, Kismayu and Badhadhe districts. 2 118 were women, 1 898 were children under five years and 633 were men.

UNFPA continues to work closely with the government, UN agencies, Community Based Organizations and other partners to ensure that reproductive health is integrated into all emergency responses. UNFPA distributed hygiene supplies, obstetric and family planning supplies to all its partners in Somalia.

Suspected Whooping Cough Cases

During the reporting period, there were suspected cases of whooping cough in Badhadhe District and surrounding areas including Madhabo, Burgabo and Kudhaa villages. According to HC partners, 85 suspected cases have been recorded so far.

Somali Aid is the only health cluster partner providing health services in Badhadhe district and started creating awareness on whooping cough through existing community health workers in the villages. In Burgabo village, a response team treated 288 children. 83 of them were suspected to have been infected with whooping cough while 205 were vaccinated.



Flood Response Updates

INTERSOS continued to respond to the recurrent floods affecting Riverine residents. Static and mobile health teams to respond to the AWD/Cholera and Measles outbreaks were deployed in places where accessibility has been hampered due to floods. Boat services were used to deliver much-needed health care services in affected villages.

Gaps and Challenges

- Due to funding constraints, International Medical Corps will phase out the UNFPA-funded CEmONC services offered at the Referral Health Centre in Abduwak district until funding is secured.
- An unpredictable security situation was observed in Baletweyne district due to clan in-fighting.
- Recent floods have affected hygiene and sanitation services in Beletweyne town.
- Low community awareness on hygiene and disease prevention remains a challenge.

Funding Status

The humanitarian funding for the health cluster in Somalia has declined during the past three years and development funding has also slowed down. As of 30 June 2016, only 25% of Somalia's 2016 estimated humanitarian health needs had been funded. This funding shortfall continues to hamper delivery of health services to most vulnerable people including IDPs.

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